

Alcohol Concern: Alcohol Outcomes Spider

Tables for outcomes scales

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These tables describe each of the scale points for each of the 8 Spider Legs. All those working with clients and using the Outcomes Spider should have a copy of these tables and familiarise themselves with the scale points.

The Alcohol Outcomes Spider is designed for completion through discussion between a worker and service user. It is not designed as a

self-completion tool by service users and the full version of the scales has not been written for use by/with service users.

A summary version of the scales is also available, for use as a quick prompt once workers are confident using the tool. The summary version can also be shared with service users if this is helpful in discussing completion of the Alcohol Outcomes Spider.

1a Internal journey 1 (see alternative version for 12 Step)

This scale measures the internal journey or process that might manifest as changes in other aspects of a person's life (as measured by other scales). Some of this internal journey may only

be indicated by how a person is engaging with treatment. This journey is based around the premise that self-awareness and taking responsibility are key aspects of such a journey. This will not suit some treatment models and an alternative is offered (see end of tables for 1b).

| Number | What it means/ how to score that number |
|--------|---|
| 1 | Not aware of or not acknowledging that there is a problem with alcohol/ not taking responsibility for the consequences for self or other. Likely to have dropped out of treatment/ not presenting for help voluntarily. |
| 2 | Has some awareness of or acknowledged need for support around alcohol issues but this may take the form of unrealistic demands or erratic attendance, without seeing the need to engage in making changes through that support. |
| 3 | Acknowledging that alcohol is a problem but not reasons. Could include: reluctant to examine possible causes, blame others, justify use and/or not acknowledging the consequences. |
| 4 | Starting to explore issues within treatment. Could include: discussion with workers and/or peers, listening to feedback, starting to set goals, less or not defensive about causes, but may not be fully behind the changes needed for recovery. |
| 5 | Increased self-awareness . Could include exploring patterns and reactions, starting to change unhelpful views, understanding reasons to drink, working towards own goals, but still with occasional lapses. May learn from lapses. |
| 6 | Can be a significant change or turning point . This could be expressed as accepting personal responsibility for alcohol misuse and the consequences and for recovery and may be indicated by looking ahead more than to the past. |
| 7 | Taking responsibility for maintaining progress and for the process of recovery, with awareness of any on-going support needs and preparing to leave the service. |
| 8 | Increased integration into "normal life" and independent of service or accessing support at a low level and appropriately, and not misusing alcohol. Resolved to maintain recovery. |

2 Social contact/ networks

People may have very different starting points within social networks and this scale

is drafted to cover both those who are isolated and want to reduce isolation, and those who have plenty of social contact but within a drinking culture or one that holds them back from alcohol recovery.

| Number | What it means/ how to score that number |
|--------|--|
| 1 | Isolated or only social contact within a drinking culture . Likely to have dropped out of the service or been asked to leave. |
| 2 | Initial contact (outside drinking network) is made with the alcohol workers, but with limited communication. |
| 3 | Forming one or more initial relationships or on-going contact, most probably with workers. |
| 4 | Opening up and making contact with others / others outside drinking friends. Residential: could be increased contact and communication with peers. Community: could include contact with mainstream services and/or increased interest in engaging with others. |
| 5 | Awareness of the need for an appropriate level of positive relationships as part of the process of moving on, possibly linked to awareness of the need for distance from drinking peers or situations. |
| 6 | Behaviour changes in ways likely to help build social contact or networks. Could include involvement in new activities, increased awareness of neighbours or other people, people around who would notice if they were not seen for a while. |
| 7 | Contact with people and activities outside the alcohol service . Those who are naturally more solitary may report greater ease around other people or greater satisfaction or comfort within their situation. |
| 8 | Satisfied with the level of contact with other people and sufficiently integrated into social networks necessary to maintain that satisfaction, although actual level of contact will vary between users according to need and personality. |

3 Managing physical health

This scale covers both actual improvement in physical health and also user involvement in managing any health problems. Some physical health problems

may be too entrenched to see actual health improvements. If this is the case, the user will not reach the end of the scale, but can still show positive outcomes in taking responsibility and managing health problems (so progress up to point 6).

| Number | What it means/ how to score that number |
|--------|--|
| 1 | Not taking account of own personal health or safety. Drinking at dangerous levels and exposed to high-risk situations. Can include: in-patient stays, self-harm, self-neglect, frequent A&E admissions. |
| 2 | Some avoidance of high-risk situations, but poor eating and sleeping patterns, likely to be drinking at harmful levels and attend A&E but not engage positively with other health services. May be self-harm/ self-neglect. |
| 3 | Receive some medical treatment for physical problems, but may not reliably engage with medical appointments or treatment. May be in residential and/or relying on workers to organise appointments/ attendance. |
| 4 | Taking responsibility for attending health appointments in the community and/or starting to discuss or explore ways to reduce risk or damage to health or to improve health. May be reduced pressure on emergency health services. |
| 5 | Starting to change behaviour that is harmful to health, improved physical self-care. Could include: regularly taking prescribed medicines, eating or sleeping better and accessing complementary health options. |
| 6 | Taking positive responsibility for own health. Could include: Managing medication, health service appointments and/or actively changing habits to more healthy options . User may report feeling physically healthier, but not necessarily if they have major physical problems. May gain/ lose weight (if needed). |
| 7 | User reports feeling healthier and/or reduction in physical health problems. Appropriate use of health services. Gain/ lose weight (if needed). |
| 8 | Health improved over a period of weeks or months. Taking full responsibility and motivated to maintain/ improve health and engage appropriately with medical services. |

4 Mental and emotional health

As above, this scale covers both actual improvement in mental/ emotional health and also effective management of health issues. Some of those with diagnosed

mental health issues may not show actual improvements in their mental health. If this is the case, the user will probably not go beyond point 6 on the scale, but can still show substantial positive outcomes in taking responsibility and managing issues.

| Number | What it means/ how to score that number |
|--------|---|
| 1 | Frequent crisis and/or severe problems. Could include: suicidal thoughts/ attempts, self-harm, depression, and likely to be cut off/ not aware of self/others. |
| 2 | Some avoidance of high-risk situations and reduction in crisis but not engaging positively with help. May have one or more of very low self-esteem, be chaotic, high anxiety, depression, mood swings . May have a diagnosed mental health issue. |
| 3 | Dissatisfaction, anxiety, depression and other symptoms persist, but recognise there is a problem and engage with sources of support and accept help. Likely to have difficulty communicating with others. |
| 4 | More involved and responsible may be more open to exploring issues . Could include listening to feedback at times, participating in initial anger management, improved communication with workers or others. |
| 5 | Greater self-awareness , including of own strengths and, where possible, insight into the causes of emotional health issues. Managing any prescribed medication. May start to process past trauma, understand negative messages from past and explore ways to move on. |
| 6 | Self-esteem/ self-view/ satisfaction with life may fluctuate but improved overall . Taking active responsibility for own emotional health, including medication and behaviours to support stability/ improvement. |
| 7 | Improved self-esteem and confidence. Reports feeling better, clearer, stronger emotionally, more able to cope or "comfortable with self", better able to make choices. This is liable to fluctuate, but stronger on the whole. |
| 8 | Reasonably stable emotionally over a period of weeks or months. Able to engage socially to a level that meets need for communication with others. Taking responsibility to maintain/ improve emotional health and well-being. |

5 Occupational

This scale includes aspects of worthwhile activity and structure in the day. However, higher up the scale the focus is on engaging

with education/ work as such outcomes are of interest to some funders. As a result, many users may not score point 8, as paid work would not be a realistic goal. Those in satisfactory work when first assessed could be placed at 8.

| Number | What it means/ how to score that number |
|--------|---|
| 1 | Drinking lifestyle, chaotic, no sense of direction or motivation towards purposeful use of time during the day or to education, training or work. |
| 2 | Some structure in day-to-day life. This may be as a result of contact with the service or the client may be in work but drinking heavily. Work situation may contribute to alcohol problems. |
| 3 | Acknowledge dissatisfaction with current situation, but unrealistic or reluctant/ unable to change or explore new activities or situations. Could include people employed/ working in situations that are negative for them. |
| 4 | Ideas about possible activity/ areas of interest and increased motivation to move towards them. Can see changes in behaviour such as communication skills, punctuality. May explore taking time out of a negative work situation. |
| 5 | Identify what is needed in order to move towards work or activity of interest. For those able to work, explore options for education/ training, job change or new work. For those not able to work, may include therapeutic work or new hobby/ activity. More motivation. |
| 6 | Planning ahead and taking action towards those plans. More stable, with sense of focus and purpose. Could include setting up therapeutic work, training, education and/or increased work-related knowledge/ skills, or exploring new things to do (especially over retirement age). |
| 7 | In training, education, voluntary work or work placement. Voluntary work may be with the alcohol service, but otherwise preparing to move on from the service. Could also be paid employment but not confident that it is the right situation. Those over retirement age/ unable to work involved in activities they consider worth while. |
| 8 | In paid employment/ work and reasonably satisfied with the situation for the time being. No indications that working life could lead to relapse into alcohol misuse. |

6 Crime and community safety

This scale is included due to the growing interest in community safety benefits among some current and potential funders. It covers **all aspects of risk, violence or other harm to others**, including harm to

family and children and including **drink driving**. It is relevant whether or not a person knows they are committing the crime and whether or not they are caught. However, people with no past or present criminal activity using this broad definition will score 8 and see no change on this scale over time.

| Number | What it means/ how to score that number |
|--------|--|
| 1 | In contact with police and/or courts and/or known to be offending in the past fortnight/ frequently. Alcohol is suspected as a contributory factor. Include clients recently placed in bail hostel or under court order. Not constructively engaged with alcohol service. |
| 2 | In contact with police and/or courts and/or known to have offended at least two weeks ago. Alcohol is suspected as a contributory factor. Attending service due to external pressure (eg. drink drive awareness, alcohol referral). |
| 3 | May at this point raise/ admit to criminal activities with alcohol workers. NB: could include anti-social behaviour, domestic violence, fighting, drink driving. Not accepting responsibility nor actively working to stop offending activity. |
| 4 | Constructively discussing or working with offending behaviour. May see a reduction in frequency and/or severity of criminal/ offending actions. |
| 5 | Some understanding of triggers and of the consequences of offending. Possible occasional repeat of criminal behaviour and/or lack of confidence in maintaining any progress to date. |
| 6 | Accepts responsibility for the consequences of criminal/ offending behaviour. Developing strategies to avoid high-risk situations eg. anger management. May report managing high-risk situations without offending. |
| 7 | Not offending for at least three months, though with some history of criminal activity. Using strategies to avoid criminal/ offending behaviour . |
| 8 | No criminal activity . This includes people with no history of criminal activity and those not offending for at least a year. NB: Offending includes anti-social behaviour, domestic violence, fighting, drink driving etc. |

7 Family/ relationships

Flexibility can be used when completing this scale, acknowledging that some service users will not have a traditional family situation and also that returning to

a family situation is not the healthiest outcome for all people. Progress can therefore also be made along the scale with **other significant people** or with coming to terms with healthier attitudes to family relationships within a context of **physical distance from family**.

| Number | What it means/ how to score that number |
|--------|--|
| 1 | No contact due to rejection by or of family rather than positive choice and/or very high levels of conflict within or around family issues. Could include loss/ risk of loss of contact with children. May be first assessment at service prior to engaging fully. |
| 2 | No contact and/or very high levels of conflict within or around family issues and attending service. Could be accepting support due to loss/ risk of loss of contact with children or pressure from a family member. |
| 3 | Acknowledges issues that are not satisfactory around family and/or parenting. However, place responsibility on others and/or not seeking improvement or ways forward. |
| 4 | Starting to explore a way forward in terms of reduced conflict/ more positive family situation. If distant from family, may be the first point of contact (eg. letters/ visits in residential). Could be exploring separation from a negative or damaging family situation. |
| 5 | More understanding or awareness of role of family or living situation and the need for change if not satisfactory. May include positive contact with family (including children) or understanding the negative impact of current or past family issues. |
| 6 | Taking the initiative in improving the family situation/ more satisfied. Could include improved relationship with children. Could also mean reducing anger or dissatisfaction in separation from negative or damaging family situation. |
| 7 | Stable family situation and reasonable level of communication and/or satisfaction. No current threat of loss of contact with children. Could include preparing to leave residential into a stable situation. |
| 8 | Sustained healthy contact with family or positive separation . Includes contact with any children and fulfilling responsibility towards dependents, whether or not living in the family home. |

8 Alcohol consumption/ dependency

This scale is important even in an abstinence-based service, and combines both consumption and strategies for living

without dependency. Scoring in an abstinence-based service will be on the basis of progress in understanding triggers, developing and using strategies, not on units.

| Number | What it means/ how to score that number |
|--------|---|
| 1 | Drinking at harmful levels. Continuous, binge or other drinking patterns. Strong signs of alcohol dependency. Can be mixing substances. |
| 2 | Community service (not abstinence-based): Attend and may be sober to do so, but still drinking at dangerous levels and/or dependent. Residential/ abstinence situation: detox under pressure and enter a service. No understanding of triggers or strategies. |
| 3 | Residential/ abstinence situation: have maintained abstinence for 2-3 weeks. Community/ not abstinent: Continue to have periods of reducing/ controlling drinking , but may see little change between 2 and 3 in actual units consumed. |
| 4 | Some understanding of triggers to drink and starting to explore strategies to avoid alcohol misuse. Goal setting in relation to consumption (where not abstinent). |
| 5 | Good understanding of triggers to drink. Has developed strategies to avoid alcohol misuse . Significant reduction in units/ consumption if in a drinking situation. Reduction in desire to drink if in an abstinent situation. Less chaotic drinking and periods of meeting goals/ abstinent. Learn from lapses. |
| 6 | Starting to effectively use strategies to avoid alcohol misuse/ danger points or be able to plan that beyond residential. May lapse if outside residential, but long gaps between lapses and lapses are managed effectively and may be a positive learning experience. |
| 7 | Reached own drinking goal and/or with the strategies and understanding to maintain that. |
| 8 | Effectively using strategies to avoid relapse. Maintaining abstinence/ controlled drinking after leaving the service. |

1b Internal journey 2
(alternative version for 12 step)

This scale measures the internal journey or process that might manifest as changes in other aspects of a person's life (as measured by other scales). Some of this internal journey may only be indicated by how a person is engaging with treatment.

This journey is based around the premise that a key turning point comes with surrender to a higher power, as used within 12 step programmes. *This alternative is offered for 12-Step and may also suit some other treatment models. It should not be completed in addition to Internal Journey 1.*

| Number | What it means/ how to score that number |
|--------|---|
| 1 | Not aware of or not acknowledging that there is a problem with alcohol |
| 2 | Has some awareness of or acknowledged need for support around alcohol issues but this may take the form of demanding support or erratic attendance, without awareness around alcohol addiction. |
| 3 | Acknowledging that alcohol is a problem but not accepting addiction. Could include: reluctant to examine alcohol use, blame others, justify use. |
| 4 | Starting to explore issues within treatment. Could include: discussion with workers and/or peers, listening to feedback, less or not defensive, but may not be fully behind the changes needed for recovery. |
| 5 | Increased understanding and acceptance of the nature of alcohol addiction and/or past patterns and behaviours. May include: Starting to change unhelpful views, understanding of the effects of past or present spirituality. Still with occasional pulls back or possible lapses. |
| 6 | Can be a significant change or turning point . This could be expressed as surrender to a higher power and be accompanied by a growth in inner peace, hope and/or compassion. |
| 7 | Maintaining recovery, with awareness of on-going support needs and preparing to leave the service. Clearer about own path and needs to continue in recovery. |
| 8 | Abstinent over a period of time and accessing AA or other appropriate on-going support. Increased integration into "normal life" and independent of service. Resolved to maintain recovery. |

The Alcohol Outcomes Spider: Summary of scale points

use as a quick prompt once workers are confident using the tool. It can also be shared with service users if this is helpful in discussing completion of the Alcohol Outcomes Spider.

This summary version of the scales is for

| | |
|-------------|---|
| (1A) | Internal journey 1 |
| 1 | Not acknowledging a problem with alcohol |
| 2 | Acknowledge need for support but not effectively engaged |
| 3 | Accept support but not open to exploring issues |
| 4 | Explore issues within treatment |
| 5 | Increased self-awareness/ understanding around alcohol misuse |
| 6 | Accepting responsibility for recovery |
| 7 | Taking responsibility for maintaining progress |
| 8 | Increased integration into "normal life" / independent |
| (2) | Social contact/ networks |
| 1 | Isolated or only social contact within a drinking culture |
| 2 | Initial contact with alcohol workers, limited communication |
| 3 | One or more initial relationships or on-going contacts |
| 4 | Open up and more contact with others (not drinking friends) |
| 5 | Aware of need for positive relationships |
| 6 | Behaviour changes to help build social contact or networks |
| 7 | Contact with people/ activities outside the alcohol service |
| 8 | Satisfied with the level of contact with other people |
| (3) | Managing physical health |
| 1 | Not taking account of own personal health or safety |
| 2 | Some avoidance of high-risk situations |
| 3 | Receive some medical treatment for physical problems |
| 4 | Taking responsibility for attending health appointments |
| 5 | improved physical self-care |
| 6 | Taking responsibility for own health. May feel healthier |
| 7 | Feeling healthier and/or less in physical health problems |
| 8 | Health improved , self-care, use medical services well |
| (4) | Mental and emotional health |
| 1 | Frequent crisis and/or severe problems |
| 2 | Some avoidance of high-risk situations/ reduction in crisis |
| 3 | Symptoms persist, but accept help |
| 4 | More involved in support |
| 5 | Greater self-awareness |
| 6 | Overall improved satisfaction/ take responsibility for health |
| 7 | Feeling better, clearer, stronger emotionally |
| 8 | Reasonably stable emotionally over time |

| (5) | Occupation |
|------------|---|
| 1 | Drinking lifestyle, no motivation in positive use of time |
| 2 | Some structure in day-to-day life |
| 3 | Dissatisfaction with situation, but reluctant to change |
| 4 | Ideas, increased motivation to move towards/ stop work |
| 5 | Identify what is needed in order to move towards occupation |
| 6 | Planning ahead and taking action towards those plans |
| 7 | In training, education, voluntary work or work placement |
| 8 | In paid employment/ work and reasonably satisfied |

| (6) | Crime and community safety |
|------------|--|
| 1 | In contact with police/ courts/ known to be offending |
| 2 | Known to have offended at least two weeks ago |
| 3 | Engaged in service but not accepting responsibility |
| 4 | Constructively discussing offending behaviour |
| 5 | Understand some triggers and consequences of offending. |
| 6 | Developing strategies to avoid high-risk situations |
| 7 | Not offending for at least three months/ using strategies |
| 8 | No criminal activity. This includes people with no history of criminal activity and those not offending for at least a year |

| (7) | Family/ relationships |
|------------|---|
| 1 | No contact and/or very high levels of conflict |
| 2 | Accepting support, maybe due to loss/ risk of loss of contact |
| 3 | Acknowledges issues that are not satisfactory around family |
| 4 | Starting to explore a way forward |
| 5 | More awareness/ may include positive contact with family |
| 6 | Taking the initiative in improving the family situation |
| 7 | Stable family situation/ lack of significant conflict |
| 8 | Sustained healthy contact with family or positive separation |

| (8) | Alcohol consumption/ dependency |
|------------|---|
| 1 | Drinking at harmful levels/ alcohol dependency |
| 2 | Drinking at dangerous levels/ detox under external pressure |
| 3 | Abstinence for 2-3 weeks (residential) or periods of reducing/ controlling drinking |
| 4 | Some understanding of triggers to drink and explore strategies |
| 5 | Developed strategies to avoid alcohol. May learn from lapses |
| 6 | Effectively using strategies to avoid alcohol misuse |
| 7 | Reached own drinking goal and strategies to maintain that |
| 8 | Maintaining abstinence/ controlled drinking after leaving service |

Outcomes spider (one copy per client)

Agency: _____

Date: _____ Review (1st/2nd/etc) _____

Client Name/ID number: _____

Completed by: _____ Worker and Client Jointly

Worker only Client only

